

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7740

BIRTH NO. _____		REG. DIST. NO. 73	PRIMARY REG. DIST. NO. 3014	Registrar's No. 23
1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clay</u> <u>27</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u> <u>21</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>William Jewell College</u>		d. STREET ADDRESS (If rural, give location) <u>Colonial Hotel</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oliver</u> b. (Middle) <u>Hayden</u> c. (Last) <u>Brand</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 25 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>1891</u>	9. AGE (In years last birthday) <u>58</u> <u>Months</u> <u>Days</u> <u>Hours</u> <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerical</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hotels</u>		11. BIRTHPLACE (State or foreign country) <u>Mountain Grove, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S</u>		13a. FATHER'S NAME <u>unknown</u>		
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY # <u>487-09-98790</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Betty Reeves Traders Hotel KC Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Longstanding Heart Failure</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4341</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Mar 14</u> , 19 <u>49</u> , to <u>Mar 16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Mar 16</u> , 19 <u>49</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>James H. Williamson M.D.</u>		23b. ADDRESS <u>LIBERTY MO</u>		23c. DATE SIGNED <u>Mar 29-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 29-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>
24d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Liberty Mo.</u>		
DATE REC'D BY LOCAL REG. <u>March 29, 1949</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Hayes</u> <u>64</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 2.

District File Number

Date Filed 4-7-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

~~working under my personal supervision.~~

Student
Student Embalmer

Signed

Student Embalmer No.
Licensed Embalmer No. 3934

P. O. Address Liberty Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.